FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

FILED Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90223 013 ***150.00

DOCUMENT #	P0200002026
1. Entity Name OCAIA	Commons, Inc.



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	OO NOT WRITE	IN THIS SP	ACE			
9 Principal Pl	aco of Rusiness	3. Mailing Address	the market such as such that we will a	20.3		
2. Principal Place of Business 5 Corona Ct.		138 Palm Coast Pkwy. N.E.		.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WR	DO NOT WRITE IN THIS SPACE	
		# 334				
City & State	Coast	Paym Coast		4. FEI Number 36-452158		
32131	7 Country Flagler	32137	Flagler	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	J		Name	7. Name and Address of Curren	t Registered Agent	
•	DO NOT W	RITE	- Lai	STENCE Y. O. KY	e)	
	IN THIS SE			Corona Ct.		
			City	n Coast	FL Zin Code 37	
8. The above	named entity submits this statement f	or the purpose of changing its r	egistered office or reg	istered agent, or both, in the State of Fl	orida. I am familiar with, and accept	
the obligati	ons of registered agent					
SIGNATURE _	Signature, typed or printed name of registered agen	and title applicable. (NOTE:	Registered Agent signature re-	Neilly spired when reinstating)	2-11-03 DATE	
	uary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25			Election Campaign Fi Trust Fund Contribution	7 70,000,000	
10.	Payable to Florida Department of OFFICERS AND					
TITLE	- O		TITLE			
NAME	Lawrence P.O	Reilly	NAME		***************************************	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

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